

A99000000925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

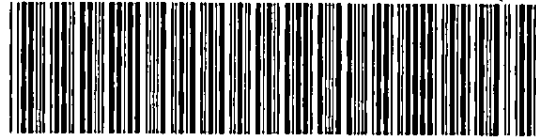
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Reason for dissolution

Office Use Only



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12/27/18--01005--022 **52.50

RECEIVED

DEC 26 2018

19 JAN 28 PM 1:36

RECEIVED
STATE OF MASSACHUSETTS
SECRETARY OF STATE

Cert of Dissolution

JAN 31 2019

D CUSHING

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Genet Family Limited Partnership No. 2
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

David Genet
(Contact Person)

(Firm/Company)

19080 NE 29th Avenue
(Address)

Aventura, FL 33180
(City, State and Zip Code)

For further information concerning this matter, please call:

David Genet at (305) 992-6580
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

19 JUN 29 09 1:36

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2019

DAVID GENET
19080 NE 29TH AVENUE
AVENTURA, FL 33180

SUBJECT: THE GENET FAMILY LIMITED PARTNERSHIP NO. 2
Ref. Number: A99000000925

We have received your document for THE GENET FAMILY LIMITED PARTNERSHIP NO. 2 and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name of the partnership, the date the certificate of limited partnership was filed with the Florida Department of State, and the reason for filing the certificate of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 419A00000916

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2019 JAN 28 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FL

CERTIFICATE OF DISSOLUTION

FOR

The Genet Family Limited Partnership No. 2

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/18/18, assigned Florida document number A99000000925, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

* GFLP NO.2 Sold its assets & Distributed to partners.
NO purpose to maintain partnership An
any more.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1808(3) or (4), F.S.:

Genet Family Holdings No. 2 Inc.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

10 JAN 29 PM 1:11